

6-16-03 NEW 03-18645

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: MIRANAN INTL Corp.
BUSINESS STREET ADDRESS: 1701 SW 139 Ave. Davie FL. ZIP 33325
BUSINESS MAILING ADDRESS: 1701 SW 139 Ave. Davie FL ZIP 33325
BUSINESS PHONE: 954 474 9538
DESCRIBE TYPE OF BUSINESS: HOME OFFICE IMPORT EXPORT A/C Equipment components office only
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JORGE Luis Mancin</u>	<u>1701 SW 139 Ave</u>	<u>DAVIE FL</u>	<u>954-275 3560</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 65-0553094

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2003, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Jorge Luis Mancin
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>6/14/03</u> Category <u>10150</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>115.76</u> Rec# <u>1647 5788</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>03-18645</u>	Control # <u>15233</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>[Signature]</u> Zoning <u>R-1</u> Date <u>6/17/03</u>
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied <u>8026</u>
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

78 Need proof of 157.88
6-19-03 JORGE

TOWN OF DAVIE
6591 SW 45 STREET
DAVIE, FL 33314
(954) 797-1112

DATE 6/16/03

HOME OCCUPATIONAL LICENSE AFFIDAVIT

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2003, and must be renewed before October 1st.

I understand that as long as I conduct business in the Town of Davie I must keep an active occupational license.

This application for home occupational license allows mail and telephone use only, no signs or storage, no on-site employees or clients are permitted.

By signing below I agree to the above conditions.

Serge Luis Mancini
Print Owner or Officers Name and Title

[Signature]
Signature of owner or officer

STATE OF FLORIDA
TOWN OF DAVIE

The foregoing was acknowledged before me this 16th day of June, 2003
by, JOSE LUIS MANCINI Who is personally known to me or who has produced
DL M 525-432-69-244-0 as identification and whom did/did not take an oath

NOTARY PUBLIC:

PRINT

COMMISSION EXPIRES

 Residency verified